

Exhibit C

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT

No. CV 20110 1355

Gerald E. Vallejos

Plaintiff,

vs.

Lovelace Medical Center et al

Defendant.

SUMMONS

THE STATE OF NEW MEXICO

TO:

Josephine Gorospe, Defendant

ADDRESS:

601 MARTIN LUTHER KING AV ALBU, NM 87102

You are required to serve upon Gerald E. Vallejos an answer
(name of Plaintiff/Plaintiff's Attorney)

or motion in response to the complaint which is attached to this summons within thirty (30) days after service of this summons upon you, exclusive of the day of service, and file a copy of your answer or motion with the Court as provided in RULE 1-005 NMRA.

If you fail to file a timely answer or motion, default judgement may be entered against you for the relief demanded in the Complaint/Petition.

Attorney(s) for Plaintiff/Plaintiff Pro Se:

Gerald E. Vallejos

name, address and telephone of attorney for Plaintiff
(or of Plaintiff, if no attorney)

6304 BUENOS AIRES N.W.

Street or P.O. Box

ALBU, NM 87120

City, state and zip code

505-974-7422

telephone

WITNESS the Honorable TED BACA, district judge of the
Second Judicial District court of the State of New Mexico, and the seal of the district court of Bernalillo
County, this FEB 04 2011 day of 20.

Dated: _____

JUANITA DURAN
CLERK OF COURT

By Raul Duran
Deputy

FILED
SECOND JUDICIAL DISTRICT

2011 FEB 16 PM 3:47

ATTENTION:
PLEASE FILE THIS AT THE
COURT WHERE IT WAS
ORIGINALLY ISSUED.

JUANITA M. MARTIN

RETURN OF SERVICE

STATE OF NEW MEXICO)

)ss

COUNTY OF BERNALILLO)

I, being duly sworn, on oath, state that I am over the age of eighteen (18) years and not a party to this lawsuit, and that I served this summons in BERNALILLO County on the 7 day of FEBRUARY, 20 11, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

(check one box and fill in appropriate blanks)

☐ to the Defendant/Respondent _____ (used when Defendant/Respondent accepts a copy of summons and complaint/petition or refuses to accept the summons and complaint/petition)

☐ to the Defendant/Respondent by [mail] [courier service] as provided by Rule 1-004 NMRA (used when service is by mail or commercial courier service).

After attempting to serve the summons and complaint/petition on the Defendant/Respondent by personal service or by mail or commercial courier service, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

☐ to _____, a person over fifteen (15) years of age and residing at the usual place of abode of Defendant/Respondent _____, (used when the Defendant/Respondent is not presently at place of abode) and by mailing by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's last known mailing address) a copy of the summons and complaint/petition.

☐ to _____, the person apparently in charge at the actual place of business or employment of the Defendant/Respondent and by mailing by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's business address) and by mailing the summons and complaint/petition by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's last known mailing address).

☒ to TERRI FELTON - LEGAL DEPT., an agent authorized to receive service of process for Defendant/Respondent JOSEPHINE GIOIORE.

☐ to _____, [parent] [guardian] [custodian] [conservator] [guardian ad litem] of Defendant/Respondent _____ (used when Defendant/Respondent is a minor or an incompetent person)

☐ to _____, (name of person), _____ (title of person authorized to receive service. Use this alternative when the defendant is a corporation or an association subject to a suit under a common name, a land grant board of trustees, the State of New Mexico or any political subdivision).

Fees: Free processCHARG

Signature of person making service

DEPUTY SHERIFF

Title (if any)

Subscribed and sworn to before me this _____ day of _____, 20 ____.

FILED
SECOND JUDICIAL DISTRICT

2011 FEB 16 PM 3:47

JUANITA M. DURAN

DAWN M. MARTIN

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT

No.

CV 20110 1355

Gerald E. Valledos
Plaintiff,
vs. Lovelace medical Center and
Sarah ATKINSON, Kevin Sinclair
Carmen Smith-Salazar, Josephine Gonsalez, Suzanne ~~Heller~~, Harnia, Jennifer Heller.
Defendant.

ATTENTION:
PLEASE FILE THIS AT THE
COURT WHICH IT WAS
ORIGINALLY ISSUED.

SUMMONS

THE STATE OF NEW MEXICO

TO: Lovelace Medical Center,
co-defendants, Defendant
ADDRESS: 601 MARTIN LUTHER KING AV NW, ALBQ, NM 87102

You are required to serve upon Gerald E. Valledos an answer
(name of Plaintiff/Plaintiff's Attorney)

or motion in response to the complaint which is attached to this summons within thirty (30) days after service of this summons upon you, exclusive of the day of service, and file a copy of your answer or motion with the Court as provided in RULE 1-005 NMRA.

If you fail to file a timely answer or motion, default judgement may be entered against you for the relief demanded in the Complaint/Petition.

Attorney(s) for Plaintiff/Plaintiff Pro Se:

Gerald E. Valledos
name, address and telephone of attorney for Plaintiff
(or of Plaintiff, if no attorney)
6304 BUENOS AIRES NW
Street or P.O. Box
Albuquerque, New Mexico 87120
City, state and zip code
505-974-7422
telephone

TED BACA

WITNESS the Honorable _____, district judge of the
Second Judicial District court of the State of New Mexico, and the seal of the district court of Bernalillo
County, this _____ day of FEB 04 2011, 20____.

Dated: _____

JUANITA DURAN
CLERK OF COURT
By Raulo Ruiz
Deputy

RETURN OF SERVICE

STATE OF NEW MEXICO)

)ss

COUNTY OF BERNALILLO)

I, being duly sworn, on oath, state that I am over the age of eighteen (18) years and not a party to this lawsuit, and that I served this summons in BERNALILLO County on the 7 day of FEBRUARY, 20 11, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

(check one box and fill in appropriate blanks)

☐ to the Defendant/Respondent _____ (used when Defendant/Respondent accepts a copy of summons and complaint/petition or refuses to accept the summons and complaint/petition)

☐ to the Defendant/Respondent by [mail] [courier service] as provided by Rule 1-004 NMRA (used when service is by mail or commercial courier service).

After attempting to serve the summons and complaint/petition on the Defendant/Respondent by personal service or by mail or commercial courier service, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

☐ to _____, a person over fifteen (15) years of age and residing at the usual place of abode of Defendant/Respondent _____

_____, (used when the Defendant/Respondent is not presently at place of abode) and by mailing by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's last known mailing address) a copy of the summons and complaint/petition.

☐ to _____, the person apparently in charge at the actual place of business or employment of the Defendant/Respondent and by mailing by first class mail to the Defendant/Respondent at _____

_____, (insert Defendant/Respondent's business address) and by mailing the summons and complaint/petition by first class mail to the Defendant/Respondent at _____

_____, (insert Defendant/Respondent's last known mailing address).

☒ to TERRI FELTON - LEGAL DEPT., an agent authorized to receive service of process for Defendant/Respondent LOVELACE MEDICAL CENTER.

☐ to _____, [parent] [guardian] [custodian] [conservator] [guardian ad litem] of Defendant/Respondent _____

(used when Defendant/Respondent is a minor or an incompetent person)

☐ to _____, (name of person), _____

_____, (title of person authorized to receive service. Use this alternative when the defendant is a corporation or an association subject to a suit under a common name, a land grant board of trustees, the State of New Mexico or any political subdivision).

Fees: NO FEE

Signature of person making service

Title (if any)

Subscribed and sworn to before me this _____ day of _____, 20____.

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT

FILED
SECOND JUDICIAL DISTRICT

ATTENTION: FEB 16 PM 3:47
PLEASE FILE THIS AT THE
COUNT WHICH IT WAS
ORIGINALLY FILED.

PAWNA M. MARTIN

No. CV 20110 1355

Gerald E. Valleron

Plaintiff,

vs. Lovelace medical center and co-defendants: Sarah Atkinson, Kevin Sinclair,
Carmen Smith Salazar, Josephine Gonzales, Suzette Harnie, Jennifer Hellen.

Defendant.

SUMMONS

THE STATE OF NEW MEXICO

TO: Carmen Smith-Salazar, Defendant

ADDRESS: 601 Martin Luther King AV., APO, NM 87102

You are required to serve upon _____ an answer
(name of Plaintiff/Plaintiff's Attorney)

or motion in response to the complaint which is attached to this summons within thirty (30) days after service of this summons upon you, exclusive of the day of service, and file a copy of your answer or motion with the Court as provided in RULE 1-005 NMRA.

If you fail to file a timely answer or motion, default judgement may be entered against you for the relief demanded in the Complaint/Petition.

Attorney(s) for Plaintiff/Plaintiff Pro Se:

Gerald Valleron

name, address and telephone of attorney for Plaintiff
(or of Plaintiff, if no attorney)

6304 Buena Vista Ave. N.W.

Street or P.O. Box

Albuquerque, N.M. 87120

City, state and zip code

505-974-7422

telephone

TED BACA

WITNESS the Honorable _____, district judge of the
Second Judicial District court of the State of New Mexico, and the seal of the district court of Bernalillo
County, this _____ day of FEB 04 2011, 20____.

Dated: _____

JUANITA DURAN
CLERK OF COURT

By [Signature]
Deputy

RETURN OF SERVICE

STATE OF NEW MEXICO)

)ss

COUNTY OF BERNALILLO)

I, being duly sworn, on oath, state that I am over the age of eighteen (18) years and not a party to this lawsuit, and that I served this summons in BERNALILLO County on the 7 day of FEBRUARY, 20 11, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

(check one box and fill in appropriate blanks)

☐ to the Defendant/Respondent _____ (used when Defendant/Respondent accepts a copy of summons and complaint/petition or refuses to accept the summons and complaint/petition)

☐ to the Defendant/Respondent by [mail] [courier service] as provided by Rule 1-004 NMRA (used when service is by mail or commercial courier service).

After attempting to serve the summons and complaint/petition on the Defendant/Respondent by personal service or by mail or commercial courier service, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

☐ to _____, a person over fifteen (15) years of age and residing at the usual place of abode of Defendant/Respondent _____, (used when the Defendant/Respondent is not presently at place of abode) and by mailing by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's last known mailing address) a copy of the summons and complaint/petition.

☐ to _____, the person apparently in charge at the actual place of business or employment of the Defendant/Respondent and by mailing by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's business address) and by mailing the summons and complaint/petition by first class mail to the Defendant/Respondent at _____

(insert Defendant/Respondent's last known mailing address).

☒ to TERRY FELTON - LEGAL DEPT., an agent authorized to receive service of process for Defendant/Respondent CARMEN SALAZAR SMITH.

☐ to _____, [parent] [guardian] [custodian] [conservator] [guardian ad litem] of Defendant/Respondent _____ (used when Defendant/Respondent is a minor or an incompetent person)

☐ to _____, (name of person), _____ (title of person authorized to receive service. Use this alternative when the defendant is a corporation or an association subject to a suit under a common name, a land grant board of trustees, the State of New Mexico or any political subdivision).

Fees:

Order of fees process

NO CHARGE

Signature of person making service

Title (if any)

Subscribed and sworn to before me this _____ day of _____, 20____.

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT

No.

CV 20110 1355

Gerald E. Vallejos

Plaintiff,

vs. Lovelace medical Center, et al

Defendant.

FILED
SECOND JUDICIAL DISTRICT
2011 FEB 16 PM 3:47

ATTENTION:
PLEASE FILE THIS AT THE
COURT WHICH IT WAS
ORIGINALLY ISSUED.

LAWNA M. MARTIN

SUMMONS

THE STATE OF NEW MEXICO

TO:

Jennifer Holler

Defendant

ADDRESS:

601 Martin Luther King AV. APO, NM 87102

You are required to serve upon _____ an answer
(name of Plaintiff/Plaintiff's Attorney)

or motion in response to the complaint which is attached to this summons within thirty (30) days after service of this summons upon you, exclusive of the day of service, and file a copy of your answer or motion with the Court as provided in RULE 1-005 NMRA.

If you fail to file a timely answer or motion, default judgement may be entered against you for the relief demanded in the Complaint/Petition.

Attorney(s) for Plaintiff/Plaintiff Pro Se:

Gerald E. Vallejos

name, address and telephone of attorney for Plaintiff
(or of Plaintiff, if no attorney)

6304 Blended Area N.W.

Street or P.O. Box

ABQ NM 87120

City, state and zip code

505-974-7422

telephone

TED BACA

WITNESS the Honorable _____, district judge of the
Second Judicial District court of the State of New Mexico, and the seal of the district court of Bernalillo
County, this _____ day of _____, 20____.

FEB 04 2011

Dated: _____

JUANITA DURAN
CLERK OF COURT

By Raulo Perez
Deputy

RETURN OF SERVICE

STATE OF NEW MEXICO)

)ss

COUNTY OF BERNALILLO)

I, being duly sworn, on oath, state that I am over the age of eighteen (18) years and not a party to this lawsuit, and that I served this summons in BERNALILLO County on the 7 day of FEBRUARY, 20 11, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

(check one box and fill in appropriate blanks)

☐ to the Defendant/Respondent _____ (used when Defendant/Respondent accepts a copy of summons and complaint/petition or refuses to accept the summons and complaint/petition)

☐ to the Defendant/Respondent by [mail] [courier service] as provided by Rule 1-004 NMRA (used when service is by mail or commercial courier service).

After attempting to serve the summons and complaint/petition on the Defendant/Respondent by personal service or by mail or commercial courier service, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

☐ to _____, a person over fifteen (15) years of age and residing at the usual place of abode of Defendant/Respondent _____, (used when the Defendant/Respondent is not presently at place of abode) and by mailing by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's last known mailing address) a copy of the summons and complaint/petition.

☐ to _____, the person apparently in charge at the actual place of business or employment of the Defendant/Respondent and by mailing by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's business address) and by mailing the summons and complaint/petition by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's last known mailing address).

☒ to TERRI FULTON - LEGAL DEPT., an agent authorized to receive service of process for Defendant/Respondent JENNIFER HOLLEN.

☐ to _____, [parent] [guardian] [custodian] [conservator] [guardian ad litem] of Defendant/Respondent _____ (used when Defendant/Respondent is a minor or an incompetent person)

☐ to _____, (name of person), _____ (title of person authorized to receive service. Use this alternative when the defendant is a corporation or an association subject to a suit under a common name, a land grant, board of trustees, the State of New Mexico or any political subdivision).

Order of _____
Fees: NO CHARGE

Signature of person making service

Title (if any)

Subscribed and sworn to before me this _____ day of _____, 20____.

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT

FILED
SECOND JUDICIAL DISTRICT
2011 FEB 16 PM 3:47
ATTENTION: 3:47
PLEASE FILE THIS AT THE
COURT WHEN IT WAS
ORIGINALLY ISSUED.

DAWNA M. MARTIN

No. CV 20110 1355

Gerald E. Valledor
Plaintiff,

vs. Lovelace medical Center and co-defendants: Sarah Atkinson, Kevin Sinclair, Carmen Smith-Salazar, Josephine Goncexpe, Suzette Hannin, Jennifer Holler.
Defendant.

SUMMONS

THE STATE OF NEW MEXICO

TO: Kevin Sinclair, Defendant

ADDRESS: 601 Martin Luther King Ave. Albuquerque, NM 87102

You are required to serve upon Gerald Valledor an answer
(name of Plaintiff/Plaintiff's Attorney)

or motion in response to the complaint which is attached to this summons within thirty (30) days after service of this summons upon you, exclusive of the day of service, and file a copy of your answer or motion with the Court as provided in RULE 1-005 NMRA.

If you fail to file a timely answer or motion, default judgement may be entered against you for the relief demanded in the Complaint/Petition.

Attorney(s) for Plaintiff/Plaintiff Pro Se:

Gerald Valledor
name, address and telephone of attorney for Plaintiff
(or of Plaintiff, if no attorney)
6304 Bluebonnet Ave N.W.
Street or P.O. Box
Albuquerque, NM 87120
City, state and zip code
505-974-7422
telephone

WITNESS the Honorable TED BACA, district judge of the
Second Judicial District court of the State of New Mexico, and the seal of the district court of Bernalillo
County, this _____ day of _____, 20____.

Dated: _____

FEB 04 2011

ANITA DURAN
CLERK OF COURT

By Raulo Ruiz
Deputy

RETURN OF SERVICE

STATE OF NEW MEXICO)
)ss
 COUNTY OF BENALILLO)

I, being duly sworn, on oath, state that I am over the age of eighteen (18) years and not a party to this lawsuit, and that I served this summons in BENALILLO County on the 7 day of FEBRUARY, 20 11, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

(check one box and fill in appropriate blanks)

☐ to the Defendant/Respondent _____ (used when Defendant/Respondent accepts a copy of summons and complaint/petition or refuses to accept the summons and complaint/petition)

☐ to the Defendant/Respondent by [mail] [courier service] as provided by Rule 1-004 NMRA (used when service is by mail or commercial courier service).

After attempting to serve the summons and complaint/petition on the Defendant/Respondent by personal service or by mail or commercial courier service, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

☐ to _____, a person over fifteen (15) years of age and residing at the usual place of abode of Defendant/Respondent _____, (used when the Defendant/Respondent is not presently at place of abode) and by mailing by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's last known mailing address) a copy of the summons and complaint/petition.

☐ to _____, the person apparently in charge at the actual place of business or employment of the Defendant/Respondent and by mailing by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's business address) and by mailing the summons and complaint/petition by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's last known mailing address).

☒ to TERRY FELTON - LEGAL DEPT., an agent authorized to receive service of process for Defendant/Respondent KEVIN SINGLAIR.

☐ to _____, [parent] [guardian] [custodian] [conservator] [guardian ad litem] of Defendant/Respondent _____ (used when Defendant/Respondent is a minor or an incompetent person)

☐ to _____, (name of person), _____ (title of person authorized to receive service. Use this alternative when the defendant is a corporation or an association subject to a suit under a common name, a land grant board of trustees, the State of New Mexico or any political subdivision).

Fees:
 Order of process
 NO CHARGE

Signature of person making service

Title (if any)

Subscribed and sworn to before me this _____ day of _____, 20____.

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT

FILED
SECOND JUDICIAL DISTRICT
ATTENTION: CLERK OF COURT
PLEASE FILE THIS AT THE
COURT WHICH 6 RMS3: 47
ORIGINALLY ISSUED.

DAVINA M. MARTIN

No. **CV 20110 1355**

Gerald E. Valledor

Plaintiff,

vs. Lovelace Medical Center, and co-defendants: Sarah Atkinson, Kevin Sinclair,
Carmen Smith-Salazar, Josephine Gorospe, Suzette Hanning, Jennifer Holler.

Defendant.

SUMMONS

THE STATE OF NEW MEXICO

TO: Sarah Atkinson, Defendant

ADDRESS: 601 Martin Luther King Ave Albuquerque, NM 87102

You are required to serve upon Gerald Valledor an answer
(name of Plaintiff/Plaintiff's Attorney)

or motion in response to the complaint which is attached to this summons within thirty (30) days after service of this summons upon you, exclusive of the day of service, and file a copy of your answer or motion with the Court as provided in RULE 1-005 NMRA.

If you fail to file a timely answer or motion, default judgement may be entered against you for the relief demanded in the Complaint/Petition.

Attorney(s) for Plaintiff/Plaintiff Pro Se:

Gerald Valledor

name, address and telephone of attorney for Plaintiff
(or of Plaintiff, if no attorney)

6304 Buena Vista Ave. N.W.

Street or P.O. Box

Albuquerque, NM 87120

City, state and zip code

505-974-7422

telephone

WITNESS the Honorable TED BACA, district judge of the
Second Judicial District court of the State of New Mexico, and the seal of the district court of Bernalillo
County, this _____ day of FEB 04 2011, 20____.

Dated: _____

JUANITA DURAN
CLERK OF COURT

By Antonio Perez
Deputy

RETURN OF SERVICE

STATE OF NEW MEXICO)

COUNTY OF BERNALILLO)

)ss

I, being duly sworn, on oath, state that I am over the age of eighteen (18) years and not a party to this lawsuit, and that I served this summons in BERNALILLO County on the 7 day of FEBRUARY, 20 11, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

(check one box and fill in appropriate blanks)

☐ to the Defendant/Respondent _____ (used when Defendant/Respondent accepts a copy of summons and complaint/petition or refuses to accept the summons and complaint/petition)

☐ to the Defendant/Respondent by [mail] [courier service] as provided by Rule 1-004 NMRA (used when service is by mail or commercial courier service).

After attempting to serve the summons and complaint/petition on the Defendant/Respondent by personal service or by mail or commercial courier service, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

☐ to _____, a person over fifteen (15) years of age and residing at the usual place of abode of Defendant/Respondent _____

_____, (used when the Defendant/Respondent is not presently at place of abode) and by mailing by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's last known mailing address) a copy of the summons and complaint/petition.

☐ to _____, the person apparently in charge at the actual place of business or employment of the Defendant/Respondent and by mailing by first class mail to the Defendant/Respondent at _____

_____, (insert Defendant/Respondent's business address) and by mailing the summons and complaint/petition by first class mail to the Defendant/Respondent at _____

_____, (insert Defendant/Respondent's last known mailing address).

☒ to TEORI FELTON - LEGAL DEPT., an agent authorized to receive service of process for Defendant/Respondent SARAH ATKINSON.

☐ to _____, [parent] [guardian] [custodian] [conservator] [guardian ad litem] of Defendant/Respondent _____ (used when Defendant/Respondent is a minor or an incompetent person)

☐ to _____, (name of person), _____ (title of person authorized to receive service. Use this alternative when the defendant is a corporation or an association subject to a suit under a common name, a land grant board of trustees, the State of New Mexico or any political subdivision).

Fees: Order of free processNO CHARGE

Signature of person making service

Title (if any)

Subscribed and sworn to before me this _____ day of _____, 20 ____.

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT

FILED
SECOND JUDICIAL DISTRICT
2011 FEB 15 PM 3:48
PLEASE FILE THIS AT THE
COURT WHICH IT WAS
ORIGINALLY FILED

EDAWNA M. MARTIN

No. **CV 20110 1355**

Gerald E. Valleria
Plaintiff,

vs. Lovelace medical Center and Co-defendants: Sarah Atkinson, Kevin Sinclair,
Carmen Smith-Salazar, Josephine Gonsales, Suzette Hannitz, Jennifer Hollen

Defendant.

SUMMONS

THE STATE OF NEW MEXICO

TO: Suzette Hannitz, Defendant
ADDRESS: 601 Martin Luther King AV APO, NM 87102

You are required to serve upon Gerald E. Valleria an answer
(name of Plaintiff/Plaintiff's Attorney)

or motion in response to the complaint which is attached to this summons within thirty (30) days after service of this summons upon you, exclusive of the day of service, and file a copy of your answer or motion with the Court as provided in RULE 1-005 NMRA.

If you fail to file a timely answer or motion, default judgement may be entered against you for the relief demanded in the Complaint/Petition.

Attorney(s) for Plaintiff/Plaintiff Pro Se:

Gerald E. Valleria
name, address and telephone of attorney for Plaintiff
(or of Plaintiff, if no attorney)
6304 Bluebonnet Avenue N.W.
Street or P.O. Box
Albuquerque, N.M. 87120
City, state and zip code
505-974-7422
telephone

TED BACA

WITNESS the Honorable _____, district judge of the
Second Judicial District court of the State of New Mexico, and the seal of the district court of Bernalillo
County, this _____ day of FEB 04 2011, 20____.

Dated: _____

JUANITA DURAN
CLERK OF COURT
By: Raulo Perez
Deputy

RETURN OF SERVICE

STATE OF NEW MEXICO)

)ss

COUNTY OF BERNALILLO)

I, being duly sworn, on oath, state that I am over the age of eighteen (18) years and not a party to this lawsuit, and that I served this summons in BERNALILLO County on the 7 day of FEBRUARY, 20 11, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

(check one box and fill in appropriate blanks)

☐ to the Defendant/Respondent _____ (used when Defendant/Respondent accepts a copy of summons and complaint/petition or refuses to accept the summons and complaint/petition)

☐ to the Defendant/Respondent by [mail] [courier service] as provided by Rule 1-004 NMRA (used when service is by mail or commercial courier service).

After attempting to serve the summons and complaint/petition on the Defendant/Respondent by personal service or by mail or commercial courier service, by delivering a copy of this summons, with a copy of complaint/petition attached, in the following manner:

☐ to _____, a person over fifteen (15) years of age and residing at the usual place of abode of Defendant/Respondent _____

_____, (used when the Defendant/Respondent is not presently at place of abode) and by mailing by first class mail to the Defendant/Respondent at _____ (insert Defendant/Respondent's last known mailing address) a copy of the summons and complaint/petition.

☐ to _____, the person apparently in charge at the actual place of business or employment of the Defendant/Respondent and by mailing by first class mail to the Defendant/Respondent at _____

_____, (insert Defendant/Respondent's business address) and by mailing the summons and complaint/petition by first class mail to the Defendant/Respondent at _____

_____, (insert Defendant/Respondent's last known mailing address).

☒ to TERRY FELTON - LEGAL DEPT., an agent authorized to receive service of process for Defendant/Respondent SUZETTE HARRIS.

☐ to _____, [parent] [guardian] [custodian] [conservator] [guardian ad litem] of Defendant/Respondent _____ (used when Defendant/Respondent is a minor or an incompetent person)

☐ to _____, (name of person), _____ (title of person authorized to receive service. Use this alternative when the defendant is a corporation or an association subject to a suit under a common name, a land grant board of trustees, the State of New Mexico or any political subdivision).

Fees: Order of free processNO CHARGE

Signature of person making service

Title (if any)

Subscribed and sworn to before me this _____ day of _____, 20 ____.

SECOND JUDICIAL DISTRICT COURT
COUNTY OF BERNALILLO
STATE OF NEW MEXICO

4 Feb 2011
SECOND JUDICIAL DISTRICT

2011 FEB -4 PM 1:00

D-202- CV- CV 2011-1355

Guanito M. Duran

LOUISES PEREZ

Gerald E. Vallejos

PLAINTIFF

VS Lovelace Medical Center, 601 Martin Luther King Ave., Albuquerque, NM 87102
Carmen-Smith Salazar, Josephine Gonsale, Suzette Hannin, Jennifer Hollen,
Sarah Atkinson, Kevin Sinclair,

DEFENDANT

COURT-ANNEXED ARBITRATION CERTIFICATION

(Party and Attorney) Gerald E Vallejos
pursuant to Second Judicial District Court Local Rule 2-603, certifies as follows:

 This party seeks only money judgment and the amount sought does not exceed
twenty-five thousand dollars (\$25,000.00) exclusive of punitive damages, interest, costs and
attorney fees.

✓ This party seeks relief other than a money judgment and/or seeks relief in excess of
twenty-five thousand dollars (\$25,000.00 exclusive of punitive damages, interest, costs and
attorney fees.

Signature: *G. Vallejos*
Printed Name: Vallejos, Gerald E.
Law Firm: _____
Address: 6304 Buena Vista N.W.
City/Zip: Albuquerque 87120
Phone: 505-874-7422

I hereby certify that an endorsed copy of the foregoing pleadings was mailed or delivered to all
parties entitled to notice on this 14th day of February
2011.

Signature: *G. Vallejos*

FILED
14 Feb 2011
SECOND JUDICIAL DISTRICT

2011 FEB -4 PM 1:00

Plaintiff: Vallejos, Gerald E.

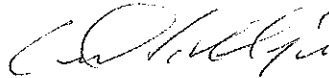
Vs.

Defendant: Lovelace Medical Center, 601 Martin Luther King Av., Albuquerque, NM 87120 and
co-defendants: Carmen Smith-Salazar, Josephine Gorospe, Suzette Harris, Jennifer Holler, Sarah
Atkinson, and Kevin Sinclair.

Subject: Civil complaint for wrongful termination.

CV 20110 1355

Defendants retaliated against me for engaging in protected activities as defined under Title VII Of the Civil Rights Act of 1964 (Title VII), and the New Mexico Human Rights Act of 1969, and for filing employment discrimination charges 543-2009-00733, 543-2009-01162, and 543-2010-00698 dated 30Nov2010. Co-defendants retaliated against me by creating a hostile work environment for me, by defamation which was both cruel and malicious. The employer (Lovelace Medical Center) Sarah Atkinson, Nurse Manager, and Kevin Sinclair, Director Critical Care floor, denied me due process under the law. Allegations, and charges brought against me by other employees were never properly investigated. The personal relationship the manager and director had with the other co-defendants influenced their decision making, the decision not to allow me favorable personnel actions, the decision to terminate me after 19 years of service. I seek damages for loss of income, damage to my reputation as a Registered Nurse, for mental and Emotional anguish, for having to retire years earlier than I had planned.



Vallejos, Gerald E.
6304 Buenos Aires NW
Albuquerque, New Mexico 87120
505-974-7422

I certify that I have mailed a copy of this pleading to opposing counsel:



Vallejos, Gerald E.

SUMMON(S) ISSUED

STATE OF NEW MEXICO
COUNTY OF Bernalillo
2nd COURT

No. CV 20110 1355

FILED
SECOND JUDICIAL DISTRICT
2011 FEB -4 PM 1:00

Juanita M. Duran

LOUISE PEREZ

Gerald E. Vallejos
Petitioner,

v.

Lovelace Medical Center et al
Respondent.

ORDER ON APPLICATION FOR FREE PROCESS

THIS MATTER having come before the court on Petitioner's application for free process and affidavit of indigency, and the court being otherwise advised in the premises,

FINDS that:

☐ the applicant receives public assistance or is homeless and is, therefore, presumptively indigent for purposes of free process.

☒ the applicant's available funds (total annual income plus total assets minus total annual expenses) do not exceed one hundred and fifty percent (150%) of the federal poverty guidelines, and the applicant is, therefore, indigent for purposes of free process.

☐ the applicant's available funds (total annual income plus total assets minus total annual expenses) exceed one hundred and fifty percent (150%) of federal poverty guidelines.

THE COURT ORDERS that:

☒ the filing fee is waived.

☐ the filing fee is waived except for the \$ _____ alternative dispute resolution (ADR) fee.

☒ the applicant is granted free service of process by the Sheriff in Bernalillo County, New Mexico for (1) 2 3 4 5 or _____ summons(es).

☐ the applicant is to pay the filing fee on _____, 20____.

☐ interpretation services shall be provided to the applicant.

☐ free process is denied.

☐ Other: _____

Unless specifically granted above, this order of free process does not include the following costs:

jury fees, certification fees, subpoena fees for witnesses, witness fees for hearings or trials, mailings, long distance charges, transcripts for appeals or record proper, duplication fees for audiotapes or compact discs, copy charges, publication fees, or facsimile services. Application for all other costs are to be made to the judge assigned to your case. If the applicant prevails in this law suit and collects money by judgment or settlement, the court is to be reimbursed for any waived costs. ***This order is subject to revision, modification or rescission by the judge assigned to your case.***



DISTRICT COURT JUDGE

FILED
SECOND JUDICIAL DISTRICT

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT COURT

2011 FEB -4 PM 1:00

Guanita M. Duran

No. CV 20110 1355

Gerald E. Vallejo

Plaintiff,

v. *Lovelace Medical Center*

Co-defendants: *Carmen Smith-Salazar, Josephine Gonospe, Surette Hannan, Jennifer Hollen,
Sarah Atkinson, Kevin Sinclair.*

Defendant.

APPLICATION FOR FREE PROCESS AND AFFIDAVIT OF INDIGENCY

I request that the court enter an order permitting me to file this case without prepayment of fees and costs and give upon my oath or affirmation the following statement.

My marital status is: Single ☐ Married ☒ Divorced ☐ Separated ☐ Widowed ☐

I request interpretation services: ☐ yes ☒ no If yes, please describe what you need:

INFORMATION ABOUT MY FINANCES (check all that apply to you and fill in the blanks):

A. PUBLIC ASSISTANCE

☐ I do not receive public assistance. (If you check this blank, go directly to Section B EMPLOYMENT/UNEMPLOYMENT).

☐ I currently receive the following public assistance in

_____ County (please check all applicable public assistance programs):

Temporary Assistance for Needy Families (TANF) \$ _____

Food Stamps \$ _____

Medicaid \$ _____

General Assistance (GA) \$ _____

Supplemental Security Income (SSI) \$ _____

Social Security Disability Income (SSDI) \$ _____

Public Housing \$ _____

Disability Security Income (DSI) \$ _____

Department of Health Case Management Services (DHMS) \$ _____

Other (please describe _____)

B. EMPLOYMENT/UNEMPLOYMENT

☒ I am currently unemployed and have been unemployed for 12 months in the past year. I am unemployed because of Wrongful Termination.

☒ I receive unemployment benefits in the amount of \$ 380.00 per month.

☐ I have no income because I am unemployed

☐ I am employed.

My employer's name, address and phone number is:

I am paid weekly ☐ every other week ☐ twice a month ☐ once a month ☐.

When I am paid my net take-home pay minus deductions required by law like state and federal tax withholding and FICA is \$ _____.

☒ I am married, and my spouse is unemployed and has been unemployed for 12 months in the past year

because disability (mental health).

☐ My spouse receives unemployment benefits in the amount of \$ _____ per month.

☐ I am married, and my spouse is employed.

My spouse's employer's name, address and phone number is:

My spouse is paid weekly ☐ every other week ☐ twice a month ☐ once a month ☐. When my spouse is paid his or her net take home pay minus deductions required by law like state and federal tax withholding and FICA is \$ _____.

C. OTHER SOURCES OF INCOME

☒ I have income from another source not mentioned above.

☐ Child Support \$ _____

☐ Alimony \$ _____

☐ Investments \$ _____

☐ Community property from my spouse \$ _____

☒ Other disability/retirement \$ 1998.00

☒ military pension \$ 1038.00

☐ I do not have any other sources of income.

✓ I am married, and my spouse has income from another source not mentioned above.

Child Support \$ _____

Alimony \$ _____

Investments \$ _____

✓ Other Social Security disability \$ 1,215.00

Other _____ \$ _____

no "my spouse alleged and has filed battery charges against me. Technically, do I have to use her income as listed here?"

I am married, and my spouse does not have any other sources of income.

D. OTHER ASSETS (Please list other assets owned by you or your spouse that can be turned into cash. Do not include money you have in retirement accounts):

Cash on hand \$ _____

Bank accounts \$ _____

Stocks/bonds \$ _____

Income tax refund \$ _____

Other assets (describe below):

_____ \$ _____

_____ \$ _____

IF YOU DO NOT HAVE ACCESS TO YOUR OWN OR YOUR SPOUSE'S INCOME OR ASSETS, EXPLAIN WHY.

E. MONTHLY EXPENSES

House Payment/Rent \$ 1686.00

Utilities \$ 350.00

Telephone \$ 200.00

Groceries (after food stamps) \$ 400.00

Car Payment(s) \$ -

Gasoline \$ 50.00

Insurance \$ 42.00

Child Care \$ -

Student and Consumer Loans \$ -

Court-ordered family support obligations \$ -

Other court-ordered payments \$ -

Medical expenses \$ 37.00

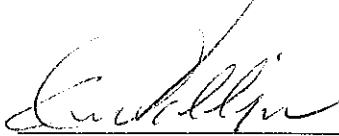
Other cable \$ 75.00

IRS (back Taxes) 200.00

030308trs NMI TAX; revenue (back Taxes) 200.00

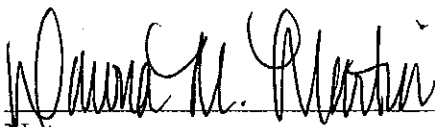
3

This statement is made under oath. I hereby state that the above information regarding my financial condition is correct to the best of my knowledge. I hereby authorize the Court to obtain information from financial institutions, employers, relatives, the federal internal revenue service and other state agencies. If at any time the Court discovers that information in this application for free process was false, misleading, inaccurate, or incomplete at the time the application was submitted, the Court may require me to pay for any costs or fees that were waived under an order of free process that was granted based on the information in this application.


 (Signature)
Gerald E. Vallejos
 (Print Name)
☒ Plaintiff ☐ Defendant
 (Pro Se)
6304 Buena Vista Ave NW
 (Street Address)
Albuquerque, NM 87120
 (City, State, Zip Code)
505-974-7422
 (Telephone)

State of New Mexico)
) ss
 County of Bernalillo)

Signed and sworn to (or affirmed) before me on JAN 21 2011 (date)
 by Gerald E. Vallejos (name of applicant).


 Notary
 My commission expires: 11-3-2012